

**H B S**

Healthcare Business Specialists



**Preparing for the RHC Certification Inspection**  
**Healthcare Business Specialists, LLC**  
**May 20, 2021**

[www.ruralhealthclinic.com](http://www.ruralhealthclinic.com)



# HBS

Healthcare Business Specialists

## Contact Information

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RHC information](#)**



## Mark R. Lynn, CPA (Inactive), CRHCP, CCRS Biography

Mark R. Lynn has served since 1985 as the President of Healthcare Business Specialists, LLC (HBS) a healthcare consulting firm based in Chattanooga, Tennessee. Mr. Lynn is trained as a Certified Public Accountant, is also a Certified Rural Health Clinic Professional, and a Certified Cost Report Specialists. In his role at HBS, Mr. Lynn helps prepare Medicare and Medicaid cost reports for rural health clinics (RHC), helps physician, nurse practitioner, and physician assistant practices become certified as RHCs, works with RHCs in developing and implementing Emergency Preparedness plans in compliance with RHC Conditions of Participation, conducts Program Evaluations for RHCs in compliance with RHC Conditions of Participation, as well as working with RHCs to report and disburse COVID-19 Provider Relief Funds in accordance with HHS guidance.



Mr. Lynn started the Rural Health Clinic Information Exchange Facebook group in 2016 which has now grown to over 2,100 members and is a vibrant community in which information is freely exchanged, questions answered, news and updates are shared, and events are publicized that are of interest to RHCs.

Before his role with Healthcare Business Specialists Mr. Lynn previously worked as a hospital administrator, corporate controller, hospital controller, internal auditor, and has state audit experience. Mr. Lynn is well versed in the various healthcare delivery systems as he has founded the following companies since starting Healthcare Business Specialists in 1985:

- Rural Behavioral Health, LLC
- Rural Health Centers of America (sold to Ramsey),
- Geriatric Care Centers of America (sold to MW Medical, Inc.),
- Geriatric Resources, Inc. (sold to American Psychiatric Partners)

Mr. Lynn has served on the Tennessee Hospital Association Medicaid Task Force in 1994 and served on the Hickman County Hospital Board of Trustees and been a Special Advisor to the Coffee County Hospital Board of Trustees.

### **Prior Employment:**

- Erlanger Health Services, Chattanooga, Tennessee - Corporate Controller
- Rhea Medical Center, Dayton, Tennessee - CFO
- Hazlett, Lewis and Bieter, CPA - CPA
- Hospital Corporation of America, Internal Auditor
- State of Tennessee - Comptroller of the Treasury - Hospital Audit



# HBS

Healthcare Business Specialists

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**RHC Consultant**  
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**Suite 214, 502 Shadow Parkway**  
**Chattanooga, Tennessee 37421**  
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[RHC Information Exchange Group on Facebook](#)

• *"A place to share and find information on RHCs."*



# HBS

Healthcare Business Specialists



- What does Healthcare Business Specialists do?
- Listing of Services

<https://tinyurl.com/w63xbp9>

- We prepare Medicare and Medicaid Cost Reports for Rural Health Clinics.
- We prepare Program evaluations of RHCs.
- We help clinics startup as RHCs.
- Emergency Preparedness for RHCs.
- We prepare TennCare Quarterly Reports
- Our Cost Reporting Brochure can be found at the following link:
- [RHC Cost Report Brochure](#)

Rural Health Clinics Information Exchange

Public group

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Shortcuts

- Rural Health Clinics Inf...
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- Lipscomb in London
- Fantasy Football T...
- Nametests
- Lipscomb in Vienna
- RCM and Practice Man...
- If you grew up in or...
- HIPAA for Small & Pr...
- Coffee County Centr...
- OMG
- Hamilton The Musi...

# Save the Date!

## FREE RHC UPDATE SEMINARS

LOCATIONS & REGISTRATION

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FROM NOTIFICATIONS

**Olivia Rivera Morris** 3 hrs

I just want to thank you all. Your Facebook page is the most helpful page.

3 Comments

Like Comment Share

**InQuiseek Consulting** Mark has a great page here and brings all's of us together. You can also like and follow our page for more info, too.

<https://m.facebook.com/InQuiseek/>

**InQuiseek Consulting**

Like · Reply · 52m

**Healthcare Business Specialists** Patty Goff Harper Thank you for all you do for RHCs and answering a lot of these questions. We appreciate you very much. We look forward to seeing you in Saint Louis next week. If you are at the NARHC meeting next week stop by Patty's booth and thank her and Jeff for all they do for RHCs.

Like · Reply · Commented on by Mark Lynn [?] · 36m

**InQuiseek Consulting** Healthcare Business Specialists, we are looking forward to being in St. Louis at NARHC. It's not too late—late registrations are still available. We look forward to seeing everyone! Thanks, Mark!

Like · Reply · 33m

INVITE MEMBERS

MEMBERS 850 Members

DESCRIPTION

The Rural Health Clinics Information Exchange was created to dis... See More

GROUP TYPE

General

UPCOMING GROUP EVENTS See All

**Free RHC Update Seminar - Nashville**  
Wednesday, October 30, 2019 at 9 AM  
5201 Virginia Way, Brentwood, TN 37027  
Hosted by Mark Lynn

**Free RHC Update Seminar in Somerset, Kentucky**  
Wednesday, November 6, 2019 at 9 AM  
2292 US-27 #300, Somerset, KY 42501  
Hosted by Mark Lynn

RECENT GROUP PHOTOS See All

English (US) · Español · Português (Brasil) · Français (France) · Deutsch

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Facebook © 2019

## RHC Information Exchange Group on Facebook

Join this group to post or ask questions regarding RHCs. Anyone is welcome to post about meetings, seminars, or things of interest to RHCs

<https://www.facebook.com/groups/1503414633296362/>



## RHC Grant Application Process with Elizabeth Morgan Burrows, JD Webinar – Tuesday, May 25, 2021 2:30 PM to 3:30 PM EASTERN TIME

Rural Health Clinics will have the opportunity to participate in HRSA's \$1 billion Rural COVID-19 Response funding in the coming months. While some of the funds will be received without an application (ie \$100,000 to each RHC), others will require an application process, and registration with such organization as Duns, SAM, and Grants.gov. Many of these organizations and processes are unfamiliar to RHCs. With this in mind, we have asked an expert in grant writing and FQHC operations to provide us some guidance on the process, pitfalls to watch for, and how to write a successful grant application. Elizabeth Morgan Burrows, JD has a proven track record of attaining grant money from

both public and private sectors. She has successfully established multiple clinics as part of a thriving nonprofit health care business. Her work at Burrows Consulting, LLC involves the following:

- Partner with healthcare agencies and non-profit organizations for their consulting needs.
- Awarded millions of dollars in federal, state, and local grant funding for various clients.
- Complete program evaluations at the state and local level.
- Present at numerous conferences and meetings about federally qualified health centers, rural health clinics, rural hospitals, and patient centered medical home accreditation.
- Draft policies and procedures for health care entities. Conducted needs assessments.
- Work with many clients on revenue cycle management, business plan development and implementation, and operational improvement.

The webinar will have about 30 to 40 minutes of presentation time and 15 to 20 minutes of time for questions. There is no charge for the webinar. Mark R. Lynn, CPA (Inactive), CRHCP, CCRS will moderate the session which is sponsored by Healthcare Business Specialists and Burrows Consulting, LLC. The session will be recorded for future viewing and the slides will be available at [www.ruralhealthclinic.com](http://www.ruralhealthclinic.com) and the Facebook Group called Rural Health Clinic Information Exchange. Please register for RHC Grant Application Process with Elizabeth Morgan Burrows, JD on May 25, 2021 2:30 PM EDT at:



**Elizabeth Burrows** 2nd  
Principal at Burrows Consulting, LLC  
Chicago, Indiana, United States | [burrowsllc.com](http://burrowsllc.com)

Burrows Consulting, LLC  
Indiana University Maurer  
School of Law

<https://attendee.gotowebinar.com/register/2454055392684705808>



# Webinars



RHC Grant Application Process Webinar with Elizabeth Morgan Burrows, JD on May 25, 2021 2:30 PM EDT

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Please register for RHC Grant Application Process with Elizabeth Morgan Burrows, JD on May 25, 2021 2:30 PM EDT at: <https://attendee.gotowebinar.com/regi.../2454055392684705808>



# Healthcare Business Specialists Website

502 SHADOW PARKWAY, CHATTANOOGA, TN, 37421

(833) 787-2542



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## SERVICES

Healthcare Business Specialists offers a variety of services designed to assist physician practices and rural health clinics better serve underserved, rural residents by enhancing Medicare and Medicaid reimbursement and staying compliant with the Rural Health Clinic program requirements.

From cost report preparation, annual evaluation or program evaluations, RHC startups and conversions, Emergency Preparedness compliance, CHOWs, RHC terminations, feasibility studies, or Re-enrollment



## LINKS

We've compiled an extensive list of information links for prospective, new, and established Rural Health Clinics. These links will help you find important rural health clinic information to learn about becoming an RHC or if you are eligible or not for the program. We have two YouTube (Healthcare Business Specialists and Mark Lynn) channels with videos of webinars on cost reporting, billing, emergency preparedness, and annual evaluations.

- [HRSA Find Shortage areas by address](#)



## RESOURCES

Healthcare Business Specialists provides a number of resources to help Rural Health Clinics manage in an ever changing and highly regulated healthcare environment. Most Rural Health Clinics have limited resources to attend national and regional educational seminars and conferences. Healthcare Business Specialists attends most of the national meetings focusing on rural health clinics and provides many free or low cost resources and templates to our Rural Health Clinic clients. Here are some links to the most popular resources:

502 SHADOW PARKWAY, CHATTANOOGA, TN, 37421

(833) 787-2542



[HOME](#) [ABOUT](#) [SERVICES](#) [RESOURCES](#) [WEBINARS](#) [STORE](#) [CALENDAR](#) [BLOG](#) [CONTACT](#)



## RESOURCES

[EMERGENCY PREPAREDNESS](#)

[CERTIFICATION MATERIALS](#)

[RHC UPDATE SEMINAR PRESENTATIONS](#)

[RHC BILLING](#)

[RHC COST REPORTING](#)

[ANNUAL EVALUATIONS](#)

[CLIENT INFORMATION AND QUESTIONNAIRES](#)

[COVID-19 RESOURCES](#)



<http://www.ruralhealthclinic.com/>





### RHC MEDICARE BILLING RESOURCES

Healthcare Business Specialists, LLC is pleased to provide you with these billing resources to help your rural health clinic bill Medicare for your services. Billing RHC services requires the ability to create a UB-04 in an electronic format (837I). Many clinics that are new to RHC billing rely on outside help to bill for services. We work closely with Azalea Health ( <https://www.azaleahealth.com/> ) based in Georgia. Azalea Health is a leader in Electronic Health Records, Revenue Cycle Management, Telehealth, and professional services to rural medical providers including CAHs and rural health clinics. Many RHCs need access to Direct Data Entry (DDE) to verify coverage or adjust claims and Ability is a service that many of our RHC clients recommend.

#### BILLING & CODING RESOURCES DURING COVID-19

3/26/2020 Special coding advice during COVID-19 public health emergency by: AMA Coding

3/23/2020 Coverage and Payment Related to COVID-19 Medicare by: CMS Fact Sheet

3/22/2020 2019-Novel Coronavirus (COVID-19) Medicare Provider Enrollment Relief Frequently Asked Questions (FAQs) by:CMS FAQ

3/18/2020 COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children's Health Insurance Program (CHIP) Agencies by: Medicaid FAQ

Healthcare Business Specialists conducted a series of RHC billing webinars in January, 2020. The following links will take you to the recordings of the webinars.

- Recording of the Beginning RHC Billing Session 1 on January 21, 2020
- Recording of the RHC Billing Session 2 on January 22, 2020
- Recording of the RHC Billing Session 3 on January 23, 2020
- Recording of the RHC Billing Session 4 on January 28, 2020

We have provided the Slide Presentations for each of the webinars in the following links.

- Slide Presentation for Session 1 on January 21, 2020 (PDF)
- Slide Presentation for Session 2 on January 22, 2020 (PDF)
- Slide Presentation for Session 3 on January 23, 2020 (PDF)
- Slide Presentation for Session 4 on January 28, 2020 (PDF)
- Medicare Secondary Fact Sheet from CMS
- Medicare "Official" version of the MSP Questionnaire from the CMS Website (12 pages)
- One Page MSP Form
- Two Page Medicare Secondary Questionnaire Form
- RHC Billing Test- 24 Questions

<http://www.ruralhealthclinic.com/rhc-billing>

# 2020 RHC Webinar Billing Test

1. Rural Health Clinic Status directly impacts payments from the following:
  - a. Medicare
  - b. Medicaid
  - c. All Payers
  - d. Medicare and Medicaid
2. RHCs should charge:
  - a. Only the RHC reimbursement rate to Medicare and Medicaid
  - b. All payors using the same charge
  - c. All payors using the same chargemaster except indigent patients
  - d. As much as possible
3. RHCs must always have a Face-to-Face encounter to bill Medicare.
  - a. True
  - b. False
4. RHCs bill Medicare RHC claims for RHC covered services using the following Claim Form?
  - a. 1500
  - b. UB-04
5. An RHC must include a CG modifier on all claims for RHC covered services.
  - a. True
  - b. False
6. The MSP payer questionnaire questions must be asked
  - a. Every visit
  - b. Annually
  - c. Every 90 days

<https://static1.squarespace.com/static/53c5f79de4b0f4932a3942a8/t/5e2b3696e88d252366c9a4cb/1579890326845/2020+RHC+Billing+Webinar+Billing+Test+Sessions+1+through+3+on+January+24%2C+2020.pdf>

# Questions or Comments?

- Please type your questions in the Questions area of Go To Webinar. Additionally, we will open up the lines for questions at the end of the webinar.
- This session is being recorded and the slides will be available in the RHC Information Exchange Facebook Group, on our website, and will be emailed to you.



## Disclaimer

- Information is current as of 5/20/2021.
- We will supply general information. All situations are specific so refer to specific guidance as necessary. This session is being recorded.



# DOOMSDAY PREPPERS



Preparing for the RHC  
Inspection



## Objective of the RHC Certification Inspection

- To determine if the RHC is in substantial compliance with the 9 conditions of participation for RHC participation or the standards of the deeming authority.
- RHCs may receive Standard or Condition Level Deficiencies.



# When do RHCs get inspected?

1. Upon initial entrance into the RHC Program
2. Upon recertification by the State, AAAASF, or TCT



# Accreditation

- Rural health clinics accredited by an accrediting organization approved by CMS may be exempt from initial and recertification inspections by the Agency for Health Care Administration. A copy of the accreditation award letter and the complete accreditation report, including any corrective actions must be submitted to the Agency for review. If the accrediting organization does not include it in the award letter verification of Medicare deemed status must also be submitted.
- **[American Association for Accreditation of Ambulatory Surgery Facilities \(AAAASF\)](#)**  
**[AAAASF/RHC Division](#)**  
5101 Washington Street  
Suite 2F  
Gurnee, IL 60031  
Phone: Toll Free 888-545-5222  
Fax: 847-775-1985
- **[The Compliance Team](#)**  
PO Box 160  
905 Sheble Lane  
Suite 102  
Spring House, PA 19477  
Phone: 215-654-9110  
Fax: 215-654-9068

# There are Nine Conditions of Participation

<https://www.law.cornell.edu/cfr/text/42/part-491/subpart-A>

- **491.4 Comply with Fed, State, & Local Laws**
- **491.5 Must meet location requirements**
- **491.6 Physical Plant and Environment**
- **491.7 Organizational Structure**
- **491.8 Staffing and Staff Responsibilities**
- **491.9 Provision of Services**
- **491.10 Patient Health Records**
- **491.11 Program Evaluation**
- **491.12 Emergency Preparedness**





# RESOURCES

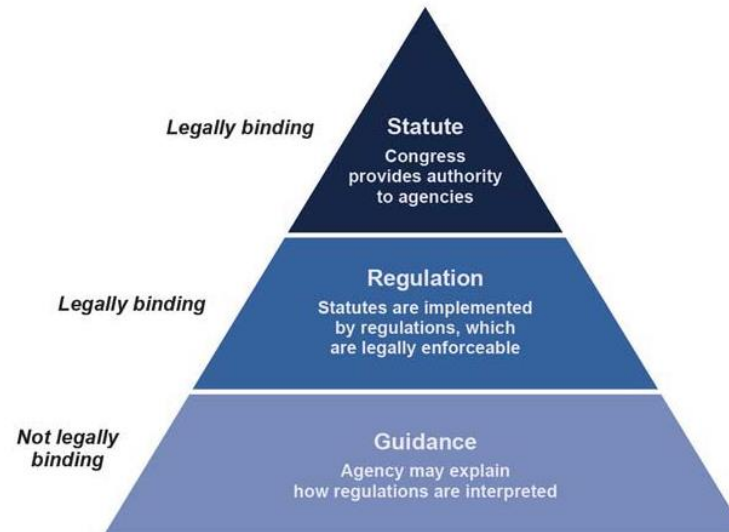
**Where can you find guidance specific to RHCs?  
NARHC has the answers at the click of a button!**

## RHC Federal Statute, Regulation, and Guidance

[Review RHC Statute](#)

[Review RHC Regulation](#)

[Review RHC Guidance](#)



Source: GAO analysis of agency authority. | GAO-15-368

**(Hierarchy of Statutory and Regulatory Authority)**

[https://www.narhc.org/narhc/RHC Statute Regulation and Guidance.asp](https://www.narhc.org/narhc/RHC_Statute_Regulation_and_Guidance.asp)

# Are you a member of the NARHC?



# State Operations Manual

## Appendix G - Guidance for Surveyors: Rural Health Clinics (RHCs)

Table of Contents  
(Rev. 200, 02-21-20)

### [Transmittals for Appendix G](#)

#### Part I – Survey Protocol

##### Introduction

##### Regulatory and Policy References

##### Rural Health Clinic Survey Protocol

###### Introduction

- Task 1 – Off-Site Survey Preparation
- Task 2 – Entrance Activities
- Task 3 – Information Gathering/Investigation
- Task 4 – Preliminary Decision Making and Analysis of Findings
- Task 5 – Exit Conference
- Task 6 – Post-Survey Activities

#### Part II – Interpretive Guidelines

##### Conditions for Certification

§491.2 Definitions

§491.3 Certification procedures

§491.4 Condition for Certification: Compliance with Federal, State and local laws

§491.4(a) Standard: Licensure of clinic

§491.4(b) Standard: Licensure, certification or registration of personnel

§491.5 Condition for Certification: Location of clinic

§491.5(a) Standard: Basic requirements

§491.5(b) Standard: Exceptions

§491.5(c) Standard: Criteria for designation of rural areas

§491.5(d) Standard: Criteria for designation of shortage areas

§491.5(e) Standard: Medically underserved population

<https://www.cms.gov/files/document/appendix-g-state-operations-manual>

# State Operations Manual

## Appendix Z- Emergency Preparedness for All Provider and Certified Supplier Types

### Interpretive Guidance

Table of Contents  
(Rev. XXXX, TBD)

### [Transmittals for Appendix Z](#)

§403.748, Condition of Participation for Religious Nonmedical Health Care Institutions (RNHCIs)

§416.54, Condition for Coverage for Ambulatory Surgical Centers (ASCs)

§418.113, Condition of Participation for Hospices

§441.184, Requirement for Psychiatric Residential Treatment Facilities (PRTFs)

§460.84, Requirement for Programs of All-Inclusive Care for the Elderly (PACE)

§482.15, Condition of Participation for Hospitals

§482.78, Requirement for Transplant Centers

§483.73, Requirement for Long-Term Care (LTC) Facilities

§483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

§484.22, Condition of Participation for Home Health Agencies (HHAs)

§485.68, Condition of Participation for Comprehensive Outpatient Rehabilitation Facilities (CORFs)

§485.625, Condition of Participation for Critical Access Hospitals (CAHs)

§485.727, Conditions of Participation for Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services

§485.920, Condition of Participation for Community Mental Health Centers (CMHCs)

§486.360, Condition of Participation for Organ Procurement Organizations (OPOs)

1

<https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep/downloads/advanced-copy-som-appendix-z-ep-igs.pdf>

# RHC Fact Sheet

## RURAL HEALTH CLINIC SURVEY REPORT

Form Approved  
OMB No. 0938-0074

### § 481.2 Definitions.

As used in this subpart, unless the context indicates otherwise:

- (a) “*Direct services*” means services provided by the clinic’s staff.
- (b) “*Nurse practitioner*” means a registered professional nurse who is currently licensed to practice in the State, who meets the State’s requirements governing the qualifications of nurse practitioners, and who meets one of the following conditions:
- (1) Is currently certified as a primary care Nurse Practitioner by the American Nurses’ Association or by the National Board of Pediatric Nurse Practitioners and Associates; or
  - (2) Has satisfactorily completed a formal 1 academic year educational program that:
    - (i) prepares registered nurses to perform an expanded role in the delivery of primary care;
    - (ii) includes at least 4 months (in the aggregate) of classroom instruction and a component of supervised clinical practice; and
    - (iii) awards a degree, diploma, or certificate to persons who successfully complete the program; or
  - (3) Has successfully completed a formal educational program for preparing registered nurses to perform an expanded role in the delivery of primary care that does not meet the requirements of paragraph (b)(2) of this section, and
    - (i) has been performing an expanded role in the delivery of primary care for a total of 12 months during the 18-month period immediately preceding the effective date of this subpart.
- (c) “*Physician*” means a doctor of medicine or osteopathy legally authorized

to practice medicine or surgery in the State.

- (d) “*Physician assistant*” means a person who meets the applicable State requirements governing the qualifications for assistants to primary care physicians, and who meets at least one of the following conditions:
- (1) Is currently certified by the National Commission on Certification on Physician Assistants to assist primary care physicians; or
  - (2) Has satisfactorily completed a program for preparing physician’s assistants that:
    - (i) was at least 1 academic year in length;
    - (ii) consisted of supervised clinical practice and at least 4 months in the aggregate of classroom instruction directed toward preparing students to deliver health care; and
    - (iii) is accredited by the American Medical Association’s Committee on Allied Health Education and Accreditation; or
  - (3) Has satisfactorily completed a formal educational program for preparing physician assistants that does not meet the requirements of paragraph (d)(2) of this section, and
    - (i) has been assisting primary care physicians for a 12-month period in the 18 month period immediately preceding the effective date of this subpart.
- (e) “*Rural area*” means an area that is not delineated as an urbanized area by the Bureau of the Census.
- (f) “*Rural health clinic*” or “*clinic*” means a clinic that is located in a rural area designated as a shortage area, is not a rehabilitation agency or a facility primarily for the care and treatment of mental diseases, and meets all other requirements of this subpart.
- (g) “*Shortage area*” means a defined geographic area designated by the Department as having either a shortage of personal health services (under section 1302(7) of the Public Health Service Act) or a shortage of primary medical care manpower (under section 332 of that Act).
- (h) “*Secretary*” means the Secretary of Health and Human Services, or any official to whom he has delegated the pertinent authority.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0074. The time required to complete this information collection is estimated to average 1.5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.

Form CMS-90 (5/78)



## RURAL HEALTH CLINIC



The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.



# Last updated May 1978

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralHlthClinfactsht.pdf>

# Rural Health Clinics Center from CMS

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Home > Rural Health Clinics Center

## Rural Health Clinics Center

### Spotlights

#### COVID-19 Public Health Emergency (PHE) - Updates for RHCs

To provide as much support as possible to RHCs and their patients during the COVID-19 (PHE), we have made several changes to RHC requirements and payments. These changes are for the duration of the COVID-19 PHE, and we will continue to review our policies as the situation evolves. For additional information, please see the link: <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>.

#### COVID-19 Vaccines in RHCs and FQHCs

COVID-19 vaccines and their administration will be paid the same way influenza and pneumococcal vaccines and their administration are paid in RHCs and FQHCs. Influenza and pneumococcal vaccines and their administration are paid at 100 percent of reasonable cost through the cost report. The beneficiary coinsurance and deductible are waived. RHCs and FQHCs should include COVID-19 vaccines and their administration costs for patients enrolled in Medicare Advantage on the cost report as well. For additional information, please see <https://www.cms.gov/covidvax>.

#### New Payment for Telehealth Services for RHCs and FQHCs

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law. Section 3704 of the CARES Act authorizes RHCs and FQHCs to furnish distant site telehealth services to Medicare beneficiaries during the COVID-19 PHE. Medicare telehealth services generally require an interactive

#### CY 2020 Payment Rate Increase for RHCs

Communication Technology Based Services and Payment for Rural Health Clinic (RHCs) and Federally Qualified Health Centers (FQHCs) [January 2019]: [MM10843 \(PDF\)](#)

CY 2019 Payment Rate Increase for RHCs. See [MM10989 \(PDF\)](#).

Medicare Claims Processing Manual: [Chapter 9 - Rural Health Clinics/Federally Qualified Health Centers \(PDF\)](#)

Medicare Benefit Policy Internet Only Manual: [Chapter 13 - Rural Health Clinic \(RHC\) and Federally Qualified Health Center \(FQHC\) Services](#) - See [MM11019 \(PDF\)](#)

[RHC Preventive Services Chart \(PDF\)](#) – Information on preventive services in RHCs including HCPCS coding, same day billing, and waivers of co-insurance and deductibles (Updated on 08/10/2016).

[SE1039 \(PDF\)](#) - Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Billing Guide

[SE1606 \(PDF\)](#) - Guidance on the Physician Quality Reporting System (PQRS) 2014 Reporting Year and 2016 Payment Adjustment for Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), and Critical Access Hospitals (CAHs)

[Chapter 29-\(T14\) -- Independent Rural Health Clinic and Freestanding Federally Qualified Health Center cost Report Form CMS 222-92 \(Instructions\) \(ZIP\)](#)

#### Transmittals

[State Medicaid Manual Paper-Based Manual](#)

## Frequently Asked Questions

- [COVID-19 Frequently Asked Questions \(FAQs\) for Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\) \(PDF\)](#)
- [Virtual Communication Services in RHCs and FQHCs Frequently Asked Questions \(PDF\)](#)

## Contacts

- [CMS Regional Office Rural Health Coordinators - Updated May 2020 \(PDF\)](#)
- [Medicare Certified Rural Health Clinics](#)
- [CMS Regional Survey and Certification Contacts \(PDF\)](#)
- [CMS Regional Offices and HHS Regions - Map \(PDF\)](#)
- [Coordination of Benefits Information](#)

## Coverage

- [Medicare Coverage - General Information](#)
- [Medicare Coverage Database](#)
- [Medicare NCD Manual](#)

<https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center>



## Search

### Provider Reports

Active Provider and Supplier Counts  
New Provider and Supplier Counts  
Terminated Provider Counts

### Survey Reports

Overdue Recertification Surveys  
Survey Activity Report

### Deficiency Reports

Deficiency Count  
Average Number of Deficiencies  
Citation Frequency

## Rural Health Clinic (RHC) Provider Reports

The data in these reports, including provider and supplier counts and percentages, are valid for the subset of providers or suppliers for which there are survey records in CASPER.  
[For More Information](#)

Source: CASPER (04/25/2021)

[Accessibility Information, Privacy & Security](#)

**Go To:** [S&C\\_QCOR\\_Start\\_Page](#)

## Overdue Recertification Surveys Report

### 60 Months Since Last Survey Date

#### Selection Criteria

Months Since Last Survey Date: 60  
Provider and Supplier Type(s): Rural Health Clinics

[View All States](#)

#### Overdue Recertification Surveys Report

Region	Number of Late Surveys	% of Active Providers
(I) Boston	29	43.9%
(III) Philadelphia	27	14.1%
(IV) Atlanta	294	24.2%
Alabama	32	23.4%
Florida	29	18.8%
Georgia	44	44.0%
Kentucky	68	23.5%
Mississippi	79	39.9%
North Carolina	10	14.1%
Tennessee	32	18.7%
(V) Chicago	241	29.6%
(VI) Dallas	139	18.8%
(VII) Kansas City	241	28.1%
(VIII) Denver	107	39.0%
(IX) San Francisco	89	26.8%
(X) Seattle	167	59.9%
<b>National Total</b>	<b>1,334</b>	<b>27.7%</b>

[Save as PDF...](#) [Save as Excel...](#)

[Change Criteria](#)

The data in these reports, including provider and supplier counts and percentages, are valid for the subset of providers or suppliers for w  
Source: CASPER (04/25/2021)

Please submit comments, questions, or suggestions by email to [qcorhelp@aplusgov.com](mailto:qcorhelp@aplusgov.com) or by phone to 1-888-673-7328.

[Accessibility Information, Privacy & Security](#)

[Download Adobe Reader](#)

[https://qcor.cms.gov/report\\_select.jsp?which=12](https://qcor.cms.gov/report_select.jsp?which=12)



# RHC Certification Resources from Healthcare Business Specialists

## RHC CERTIFICATION AND CONVERSION

---

### PREPARING FOR THE RHC STATE INSPECTION WEBINAR AND MATERIALS

On February 5, 2020 Healthcare Business Specialists presented a webinar on preparing for the state/AAAASF/TCT inspections to become a rural health clinic and re-inspections conducted by the state, AAAASF, and TCT. Here is the recording of the webinar and the PDF of the presentation:

- [Webinar Recording on RHC State Inspections](#)
- [Powerpoint Presentation \(PDF\)](#)
- [Mock Inspection Form used by Healthcare Business Specialists](#)
- [Powerpoint Presentation by Kate Hill on RHC Certification](#)
- [Powerpoint Presentation by Elsie Crawford on RHC Certification](#)

### CHANGES TO THE RHC PROGRAM - FALL, 2019

The Omnibus Burden Reduction (Conditions of Participation) Final Rule was finalized on September 30, 2019 and it relieves RHCs of some of the administrative burdens of the RHC status. We have webinars on October 2, 2019 and October 15, 2019 on the changes to the RHC program in the last year from a compliance standpoint.

- [Recording of Omnibus Regulatory Burden Reduction Webinar on October 15, 2019](#)
- [Omnibus Regulatory Burden Reduction, Appendix G, Appendix Z, and TennCare Moratorium lifted Webinar Slides on October 15, 2019](#)
- [Omnibus Regulatory Burden Reduction Regulation issued September 30, 2019 and Effective November 29, 2019](#)
- [Biennial Program Evaluation Policy Updated on October 1, 2019](#)
- [Signage Required to be placed in the Lobby for RHCs](#)



February 23, 2021: Many RHCs are using TCT or AAAASF to conduct the initial RHC inspections as due to Covid states are falling behind on initial RHC certification inspections. We added these resources to help you understand the expectations of TCT and AAAASF. We also updated our Evidence Binder to streamline and make it easier to assemble.

# Evidence Binder Resources

<http://www.ruralhealthclinic.com/certification-materials>

- Evidence Binder Index - Table of Contents in Word
- Evidence Binder Index - Table of Contents (PDF)
- Evidence Binder Summary of Information and links to find documents (Word)
- Evidence Binder Summary of Information and links to find documents (PDF)
- Evidence Binder Divider/Tab Pages (25) for Evidence Binder (Word)
- Evidence Binder Divider/Tab Pages (25) for Evidence Binder (PDF)
  
- TCT Standards
- TCT Checklist
  
- Crosswalk from TCT to HBS P and P Manuals
- RHC Evidence Binder Table of Employees, Licenses, and Expiration Dates
- Nurse Practitioner/Physician Assistant Sample Protocol
- Quarterly Chart Audit Form
- Organization Chart Template for Evidence Binder
- Program Evaluation Template (New RHCs) for Evidence Binder
- Evidence Binder Provider Schedule for Initial Inspection
- Evidence Binder Tab 19 - Fire Drill Documentation and Fire Prevention Services Checklist (2-page PDF)
  
- Am I Rural
  
- Evidence Binder Tab 17 Employee TB Declination Form
- Evidence Binder Tab 17 Employee Hep B Declination Form
  
- Evidence Binder Tab 24 Emergency Preparedness After Action Report
  
- Evidence Binder Tab 18 Preventive Maintenance List, Housekeeping Logs, etc. (5-page PDF)
- Evidence Binder Tab 20 HIPAA, OSHA, EP, and Initial Training Tests for Employees
- Emergency Preparedness Listing of 4 closest RHCs for EP Manual Template (Word)
- Template for Lobby disclosing Medical Direction, Ownership, and Management.
- Template for disclosure of Non-Discrimination in the lobby
- Annual Checklist for Emergency Preparedness (Excel)
- TCT Complaint Process Posting in the Lobby Template (Word)
- COVID-19 Infection Control Policy Template for 2020

# RHC Resources from HBS are Updated Regularly

- May 15, 2021: If you have not completed your HIPAA Security Risk Assessment [HealthIT.gov](https://www.healthit.gov) provides a great tool to help you go through the process which can be found [here](#).
- Here is some information on HIPAA Compliance.  
<https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/administrative/securityrule/security101.pdf>
- RHCs must comply with HIPAA and OSHA. Here is trusted resource for information and manuals related to OSHA and HIPAA: <https://oshaguard.com/collections/hipaa>
- Here is more information on OSHA: <https://oshaguard.com/collections/osha>
- Here is a short 30 minute video on OSHA compliance:  
<https://www.youtube.com/watch?v=X3Pyld4TXFY>
- Here are resources for autoclaves and sterilization of instruments including forms:  
<https://www.crosstexbms.com/resources/tools/>
- Here is an autoclave sterilization log: [https://www.crosstexbms.com/media/1216/0918-ddoc00400-rev-a\\_sterilization-log-sheet.pdf](https://www.crosstexbms.com/media/1216/0918-ddoc00400-rev-a_sterilization-log-sheet.pdf)

## RURAL HEALTH CLINIC

### Phase 1 | Introduction & 855A Pre...

Estimated Timeline for the RHC ...

### Phase 2 | Preparing for the State I...

RHC & EP Policy & Procedure M...

Evidence Binder

Documenting Compliance

Preparing for the RHC Inspectio...

Emergency Preparedness

Mock Inspection

Products that RHCs may need t...

Other items that are needed ...

Files that will help RHCs Docum...

Fire Drill Documentation

### Phase 3 | Submitting the State Ap...

### Phase 4 | After the RHC Inspection

### Phase 5 | Cost Reporting

### | Contact Information

### Facebook Group

<https://tinyurl.com/u88v54w>



# RURAL HEALTH CLINIC

## RHC CONVERSION GUIDE

NOVEMBER, 2019

To view this document online go to <https://tinyurl.com/u88v54w>



## Healthcare Business Specialists

*Specializing in RHC reimbursement*

502 Shadow Parkway Suite 214 Chattanooga, TN 37421

Email: [marklynrhc@gmail.com](mailto:marklynrhc@gmail.com)

Website: [www.ruralhealthclinic.com](http://www.ruralhealthclinic.com)

Telephone: (833) 787-2542

## Products that RHCs may need to purchase to comply with RHC rules

RHCs are required to be able to furnish certain services to comply with RHC regulations. For example, RHCs must furnish onsite all of the following six laboratory tests:

- Chemical examination of urine by stick or tablet method or both;
- Hemoglobin or hematocrit;
- Blood sugar;
- Examination of stool specimens for occult blood;
- Pregnancy tests; and
- Primary culturing for transmittal to a certified laboratory.

Many clinics do not furnish hemoglobin or hematocrits onsite and many of RHCs purchase a pulse ox machine from Masimo. The Pronto is simple to use, relatively inexpensive and serves several diagnostic functions. The cost is just over \$600 and here is the link to learn more.

<https://www.masimo.com/products/monitors/spot-check/pronto/>



**Masimo SET™ Measure-through Motion and Low Perfusion™ Pulse Oximetry**  
• Helps clinicians monitor more than 100-million patients a year!  
• Used by each of the top-10 hospitals listed in the 2017-18 U.S. News and World Report Best Hospitals Honor Roll!



We found a cheaper alternative. At just under \$300 the Mission Plus Hemoglobin system works great and can perform a CLIA waived Hemoglobin as required by the RHC regulations.

## [To Order the Mission Plus Hemoglobin System](#)

Clia Waived Mission Plus Hemoglobin (Hb) Testing System  
CLIA Waived Model: C112-3051-PROMO  
Medex SKU: CLW-C112-3051-PROMO

Retail Price: \$338.49  
**Your Price:** \$291.95  
You Save: \$46.54 (14%)  
**US Shipping:** \$0.00

Quantity: 1 **Add To Cart**

or Call Toll Free 888-433-2300

- Add To Wishlist
- Bulk Quotes
- Freight Quotes
- International Quotes

Additionally, some clinics do not have the ability to perform occult blood tests. Here is an inexpensive source for those:

## [To Purchase Occult Stool Specimen Kit](#)

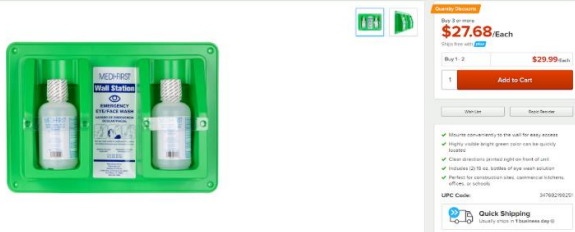
Pro Advantage Fecal Occult Blood Devices - 100/bx P080028 at Tiger Medical  
**\$22.88** TigerMedical.com 94% positive (3,981) | Compare prices from 5+ stores

Rapid, convenient, and qualitative methods for asymptomatic occult bleeding, our Fecal Occult Blood Tests by Pro Advantage are ...

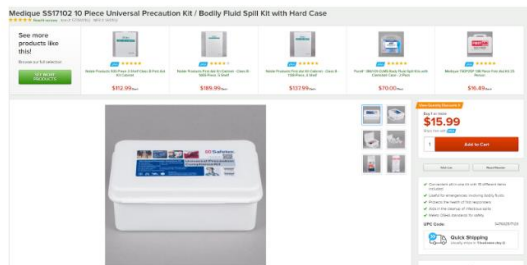
Other items that are needed are [eyewash kits](#) and [spill kits](#). Here are some resources.

[To Order Eyewash Kits](#)

Medi-First 19825 First Aid Eye Wash Wall Station with Two 16 oz. Bottles



[To Order an OSHA Spill Kit](#)



## Files or Links that will help RHCs Document Compliance

We have provided these files to help Rural Health Clinics document compliance with the nine conditions of participation.

1. RHCs must have a Medical Director. This template helps you prepare the agreement with your Medical Director if you do not already have an agreement in place.

[Medical Director Agreement Template \(Patient Care Included\)](#)

2. The Medical Director must perform certain duties. This policy indicated the duties that must be performed.

[Medical Director Duties and Physician Job Description](#)

3. The Medical Director is required to review 15 active and/or closed charts each quarter and share that review with the NP/PA. Here are a couple of forms that will help you document the review. This must be done before the inspection:

[Chart Audit Forms](#)

4. An RHC must have protocols for Nurse Practitioners, Physician Assistants, and Certified Nurse-Midwives. The following is a policy that refers to NP/PA Protocols.

[Nurse Practitioner Protocols Policy with reference to UpToDate App or NP Protocol Book](#)

5. An RHC must have a collaborative agreement with Nurse Practitioners and Physician Assistants. Here is a template if the clinic does not already have one.

[Collaborative Agreement for the NP/PA](#)

6. An RHC must document a number of drills before the RHC inspection. This form will help you document your fire drill.

[Fire Drill Documentation](#)



# Resources from Arkansas

<https://www.healthy.arkansas.gov/programs-services/topics/rural-health-resources>

- **RHC Regulatory Compliance with The Compliance Team, for Arkansas**
- [Emergency Preparedness](#) | [Part II](#) | [Part III](#)
- [Mock Survey Presentation Video](#)
- [RHC Compliance Part 1](#)
- [Top 10 Cited Deficiencies for Arkansas](#)

<https://share.vidyard.com/watch/iaCZfo4miLXo1K1yF8iZ1h>

# Resources from Oregon

<https://www.ohsu.edu/oregon-office-of-rural-health>

The screenshot shows the website's navigation menu with links for About ORH, About Rural and Frontier Data, Facilities and Services, Provider Incentive Programs, Workforce Services, COVID Resources, and Contact ORH. The main banner features a scenic landscape with purple flowers and a lake, with the text "Rural Health for Oregon" and a mission statement: "Our mission is to improve the quality, availability and accessibility of health care for rural Oregonians. Learn more about rural health." Below the banner are three sections: "COVID VACCINATIONS" with a link to "COVID Vaccinations" and a note that the latest information is updated as it is received; "COVID RESOURCES" with a link to "COVID Resources" and a note that information is updated daily; and "Upcoming Events" listing several dates and topics such as "Positive Communication Standards for Frontline Employees & Leaders" and "Clinical Considerations for Hearing Disorder". A "Webinars" section is also visible with a "Recent Webinars" dropdown menu.

The screenshot shows a YouTube video player with a presentation slide titled "Physical Plant" from "The Compliance Team". The slide displays various images related to a physical plant, including a biohazard sign, a fire alarm pull station, a syringe, a pharmacy shelf, a hand sanitizer dispenser, a fire extinguisher, and a door lock. The video player interface includes a progress bar at 10:54 / 53:40, a like/dislike count of 2/1, and a "SUBSCRIBED" button. Below the video, the title "Survey Readiness During the Public Health Emergency (PHE)" is displayed, along with "173 views • Mar 1, 2021" and the channel name "Oregon Office of Rural Health" with 41 subscribers. The video was uploaded on February 23, 2021.

<https://www.youtube.com/watch?v=d9l4AadVBo8>

- **Homework Assignment Watch this Webinar**
- **Virtual Self Survey with AAAASF and TCT (Tom Terranova, Kate Hill, and Elsie Crawford) on May 19, 2020**
- Youtube Webinar Recording:  
<https://youtu.be/hVAqVciYGko>
- You can find the Slide Presentation for the webinar HERE
- Here is a PDF that has some of the information we will go over in the webinar:
  - Virtual Self-Survey Instructions from April 24th Virtual Self-Survey Presentation
  - Virtual Mock Inspection Handout (PDF)



## Preparing for the RHC Inspection Steps

- 1. Prepare/update the RHC Policy and Procedure Manual
- 2. Prepare/update the Emergency Preparedness Policy and Procedure Manual
- 3. Train your employees on EP, OSHA, HIPAA, etc.
- 4. Start Acting like you are an RHC
- 5. Conduct an Emergency preparedness drill, risk assessment, and EP training
- 6. Conduct a Program Evaluation
- 7. Conduct a Mock Inspection
- 8. Prepare an Evidence Binder

# RHC & EP Policy & Procedure Manuals

The first step is to prepare/update the RHC Policy and Procedure and the Emergency Preparedness manuals. **The manuals will have to be approved per RHC regulations by your Professional Advisory Group which includes your Medical Director (a physician), a Nurse Practitioner/Physician Assistant, and a Community Representative who is not employed by the clinic.** The following are links to the RHC and EP Questionnaires:

**OSHA, HIPAA, and Laboratory manuals should be reviewed and updated as well as training and competencies and proficiency updated annually.**

**Most states have a university that will come out and do a free OSHA inspection.**

<https://hipaatrek.com/> is a good resource for HIPAA compliance in RHCs.





3. The most important step to passing the RHC inspection is to prepare and maintain a comprehensive Evidence Binder to present to the Inspector.

---

A. Yes

B. NO

## Rural Health Clinic Evidence Binder



Mark R. Lynn, CPA (Inactive)  
Healthcare Business Specialists, LLC  
502 Shadow Parkway  
Chattanooga, TN 37421  
Call: 423.243.6185  
Email: [marklynnrhc@gmail.com](mailto:marklynnrhc@gmail.com)

1. RHC Conversion Guide
2. How to complete the Evidence Binder
3. Summary of Activities by Position
4. CMS-29 Form
5. Health Shortage Area Documentation
6. List of Employees- Credentialing Info
7. Medical Licenses
8. DEA Licenses
9. CPR Certificates
10. Annual OIG Exclusion  
<https://exclusions.oig.hhs.gov/>
11. NP/PA Protocols
12. Collaborative Agreements
13. Inpatient Services Agreement/proof
14. Quarterly Chart Audits
15. Organization Chart
16. CLIA Certificate
17. TB & Heb B Declination Forms
18. Prev. Maintenance Agreement & Invoices
19. Fire, Evacuation, Tornado, etc. Drills
20. HIPAA, OSHA, EP, RHC training
21. Floor Plan with Evacuation routes
22. Annual Fire Inspection Report
23. Items to post in the Lobby
24. Annual EP Test After Action Report
25. Biennial Program Evaluation Report

**Your Evidence Binder should be maintained in a Notebook and continually updated. In addition, please make a copy of the Evidence Binder and give it to the inspector for them to take with them. This will ensure the inspector they have everything to show compliance with the conditions of participation to become a rural health clinic.**

# Online RHC Manual & Evidence Binder service from InQuiseek

*"Success is never final and failure is never fatal."*



*Introducing our cloud-based Policies and Procedures subscription service. Now your staff has a convenient way to engage with the policies of your clinic and at the same time be*

*up-to-date and compliant! For more information on this new service click here for a brochure. [inQdocs brochure](#)*

**<https://www.inquiseek.com/>**

**[https://www.inquiseek.com/downloads/inqdocs\\_brochure.pdf](https://www.inquiseek.com/downloads/inqdocs_brochure.pdf)**

**Have an Evidence Binder that is up to date at all times.**

**The Inspector will hand you a list of what they want to see in most cases. The list will typically have the same things listed:**

- A. Physician/NP/PA/CNM/Nurses licenses**
- B. Schedules for NPs/PA/CNMs (50%)**
- C. Preventive maintenance logs and plans**
- D. ALS or CPR updated certificates**
- E. Chart Reviews by the Medical Director**
- F. Emergency, Fire, and Medical Drills**
- G. Fire Department inspection, Invoices for PM.....**

The clinic will have an Evidence Binder and give that to the surveyor.

## Tennessee Rural Health Clinic Inspection Request

*Please provide the surveyor with the following:*

1. Complete Form CMS-29
2. Copy of approval from CMS-RO to provide Visiting Nurse Services
3. Hours of operation
4. Name and address of Owners
5. Copy of Organizational Chart
6. List of all patients scheduled for today, office visits for past 6 months and any emergency transfers in past year
7. List of ALL staff with titles, including MD with titles and date of hire
8. Staffing for 2 weeks of operation (include all disciplines)
9. Program Evaluation
10. Copy of Confidentiality policy
11. Policy for maintaining medical records
12. Policy for emergency procedures
13. Patient Care policy
14. Copy of Physician(s), PA(s) and/or NP(s) license
15. Protocols for PA and/or NP to follow per physician
16. Procedures that PA and/or NP are allowed to perform
17. CLIA waiver
18. Routine and Preventive Maintenance of medical equipment records
19. List of all services provided through agreement or arrangement
20. Copy of facility floor plan
21. Name of Professional Staff Person responsible for maintaining the medical records.

Credentialing  
and  
Personnel  
Files should  
be Updated

— THE HANDBOOK —  
*for*  
Credentialing  
Healthcare  
Providers



Ellis M. "Mac" Knight, MD, MBA,  
FACP, FACHE, FHM  
COKER GROUP







# Personnel File Audit - TCT

Personnel File Audit Tool												
Insert "Y" (YES) if evidence is found, "N" (NO) if evidence of is missing, or "NA" if not applicable.												
Staff Member	Application Resume or CV	I-9 and W-4 For Employees (HR 3.0.1(a))	Signed Job Description (HR 3.0.1(c))	Orientation/Training/Competency Assessment checklists (HR 3.0.1(d))	Signed Standard of Conduct (HR 3.0.1(e))	Current License or Certification (HR 3.0.1(f))	OIG Exclusion (HR 3.0.1(g))	Performance Evaluation (HR 3.0.1(h))	Background Check (HR 3.0.1)	Verification of Hepatitis B or signed declination (HR 3.0.1(j))	Verification of TB or signed declination (HR 3.0.1(j))	Comments
		<b>S</b>		<b>S</b>		<b>S</b>	<b>S</b>			<b>S</b>	<b>S</b>	

**S = Required for State Inspection**

# OIG Exclusions Database

<https://exclusions.oig.hhs.gov/>

**REPORT FRAUD** Home • FAQs • FOIA • Contact • HEAT • Download Reader

U.S. Department of Health & Human Services  
**Office of Inspector General**  
U.S. Department of Health & Human Services

Report #, Topic, Keyword... Search

Advanced

About OIG Reports & Publications Fraud Compliance Exclusions Newsroom Careers

Home > Exclusions

Visit our [tips page](#) to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at [webmaster@oig.hhs.gov](mailto:webmaster@oig.hhs.gov).

### Search the Exclusions Database

Do not use your browser's back button while navigating through the LEIE search. Instead, use the built-in navigation features as indicated below:

#### Search For An Individual

Search For Multiple Individuals | Search For A Single Entity | Search For Multiple Entities

Last Name (and/or) First Name

#### Related Content

- LEIE Downloadable Databases
- Monthly Supplement Archive
- Waivers
- Quick Tips
- Background Information
- Applying for Reinstatement
- Contact the Exclusions Program
- Frequently Asked Questions
- Special Advisory Bulletin and Other Guidance

The OIG states that the excluded party database must be checked prior to employing anyone and then again periodically.



 U.S. Department of Health & Human Services

# Office of Inspector General

U.S. Department of Health & Human Services

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Visit our [tips page](#) to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at [webmaster@oig.hhs.gov](mailto:webmaster@oig.hhs.gov).

## Exclusions Search Results: Individuals

No Results were found for

- ❖ Lynn , Mark
- ❖ Gilbert , Dani
- ❖ Jackson , Trent
- ❖ Ashley , Lynn

 **If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation**

[Search Again](#)

# Train your Employees Online

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<https://www.healthstream.com/>

<https://medtrainer.com/>





Assign Duties

# Assign Duties to RHC Employees

- [ToDo List by Position and Forms to document compliance](#)

About two months before the RHC state inspection, you should start acting like an RHC.

Many of the things that you already do while you provide excellent care to your patients will have to be documented. This step of the process is to identify who needs to do what and how it will be performed and documented. To help with this process we have prepared a document that lists what should be done by position and we have provided some sample forms to help document what is being done.

- [ToDo List by Position and Forms to document compliance](#)


Begin by assigning duties from this list to the positions listed and select forms to help document compliance.

Additionally, the RHC should post the hours of operation outside the clinic and in the lobby identify the ownership, medical direction, and principal direction of the clinic. Use the following link to prepare the document and display it in the lobby of the clinic:


## Documenting Compliance

### RHC CERTIFICATION TO DO LIST PLEASE INDICATE WHEN COMPLETED WITH A CHECKMARK


#### MEDICAL DIRECTOR DUTIES

	<input type="checkbox"/>	Review and sign and date the Policy and Procedure Manual and Annual Evaluation
	<input type="checkbox"/>	Review 15 NP/PA charts quarterly including at least 1 closed chart per quarter. Use the attached form or something similar to document and include the signature of both the medical director and the nurse practitioner.
	<input type="checkbox"/>	Sign and Review Collaborative agreement with NP/PA
	<input type="checkbox"/>	Review and sign the Emergency Preparedness Manual, participate in drills.
	<input type="checkbox"/>	Determine which Emergency drugs will be in the Emergency Kit.


#### NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS

	<input type="checkbox"/>	Review and sign and date the Policy and Procedure Manual and Annual Evaluation
	<input type="checkbox"/>	Sign and Review Collaborative agreement with NP/PA
	<input type="checkbox"/>	Review and sign the Emergency Preparedness Manual, participate in drills.
	<input type="checkbox"/>	Keep a schedule of Nurse practitioners for review by the surveyors (50% rule)
	<input type="checkbox"/>	Determine which Emergency drugs will be in the Emergency Kit.


#### NURSING AND MEDICAL ASSISTANTS

	<input type="checkbox"/>	See Nursing Checklists for Monthly duties
	<input type="checkbox"/>	Clean up areas. Remove clutter. Remove anything with an expired expiration date.
	<input type="checkbox"/>	Undergo OSHA Training, Airborne pathogens, Emergency Preparedness.
	<input type="checkbox"/>	Perform six required lab tests and document controls.
	<input type="checkbox"/>	Remove any hazards from patient rooms. See walk through summary sheet.

#### OFFICE MANAGER AND ADMINISTRATION

	<input type="checkbox"/>	Prepare Evidence Binder for State Inspection
	<input type="checkbox"/>	Work with HBS to get RHC, OSHA, Lab, HIPAA, and EP P & P Manuals
	<input type="checkbox"/>	Arrange for Emergency Preparedness to be completed (work with HBS)
	<input type="checkbox"/>	Arrange for preventive maintenance of patient equipment
	<input type="checkbox"/>	Credential providers and all licensed personnel, update CPR, BLS, etc.

#### ANNUAL PROJECTS AND REQUIREMENTS


	<input type="checkbox"/>	Conduct the Program Evaluation Biennially
	<input type="checkbox"/>	Review, update and approve Emergency Preparedness (See One Page Checklist)
	<input type="checkbox"/>	Arrange for preparation of Medicare Cost Report (HBS)
	<input type="checkbox"/>	Biennially Review, Update, and Approve changes to the RHC P & P Manual.
	<input type="checkbox"/>	Conduct Preventive maintenance on all equipment.



## MEDICAL DIRECTOR DUTIES

<input type="checkbox"/>	Review and sign and date the Policy and Procedure Manual and Annual Evaluation
<input type="checkbox"/>	Review 15 NP/PA charts quarterly including at least 1 closed chart per quarter. Use the attached form or something similar to document and include the signature of both the medical director and the nurse practitioner.
<input type="checkbox"/>	Sign and Review Collaborative agreement with NP/PA
<input type="checkbox"/>	Review and sign the Emergency Preparedness Manual, participate in drills.
<input type="checkbox"/>	Determine which Emergency drugs will be in the Emergency Kit.

Medical Director Duties



4. RHCs should consider which of the following when stocking the Emergency kit?

---

- A. The community history**
- B. The medical history of its patients**
- C. Accepted Standards of Practice**
- D. All of the above**



# Appendix G - Emergency Drugs and Biologicals for RHCs

- *“While each category of drugs and biologicals must be considered, all are not required to be stored...”*
- We will still be required to store drugs and biologicals for emergencies, but now, CMS is allowing us to determine which drugs and biologicals are most appropriate for our communities:
- *...when determining which drugs and biologicals it has available for purposes of addressing common life-threatening injuries and acute illnesses, **the RHC should consider, among other things, the community history, the medical history of its patients and accepted standards of practice. The clinic should have written policies and procedures for determining what drug/biologicals are stored and that address the process for determining which drugs/biologicals to store, including identifying who is responsible for making this determination.**”*



**ADM 10.0 Emergency Services are provided to the patient for life threatening injuries or acute illness. (§491.9(c)(3))**

**EVIDENCE OF COMPLIANCE:**

1. The clinic provides medical emergency procedures as a first response to common life-threatening injuries and acute illness and has: (§491.9(c)(3))
  - a. Available treatment includes the use of drugs & biologicals commonly used in life saving procedures such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes, emetics, serums and toxoids. (§491.9(c)(3)).
  - b. The Medical Director and other providers will determine the contents of the emergency box. The contents are listed on the exterior of the emergency box and in a written policy.
  - c. The clinic's emergency equipment and drugs are organized in one place.
  - d. One oxygen tank with oxygen delivery device such as a nasal canula or simple oxygen mask.





- **Typical Emergency Medications found in the Emergency Kit are:**
- **Benadryl**
- **Aspirin**
- **Nitrostat**
- **Narcan**
- **Epi-pen**

# Chart Audits

---



# There are two separate chart audit requirements in RHCs

1. State – The RHC must comply with the state scope of practice rules oversight of the Nurse Practitioner/ Physician Assistant. (ie. Sign off on 20% of all charts monthly). These reviews must typically be performed by a physician.
2. Federal RHC Program Evaluation Regulations – An Administrative review of the lessor of 5% or 50 charts annually. **These reviews do not have to completely done by a physician;** but must be signed off by the Medical Director and the NP/PA.
  1. We recommend reviewing 15 charts (you decide on how many in your policy) in total each quarter (not per NP/PA) so at a minimum you have 60 charts reviewed per year.
  2. Keep these chart reviews and include them in the Program Evaluation report every 2 years (watch for HIPAA issues)
  3. You must review closed charts which is typically defined as charts of patients that have expired, transferred to other providers, or are inactive for three years or more.

A white computer keyboard is visible in the top left corner, with keys for D, F, G, H, J, K, L, U, I, O, C, V, B, N, M, and the arrow keys. A black stethoscope is positioned diagonally across the keyboard and extends towards the bottom left. The background is a plain white surface.

# RHC Program Evaluation Chart Audits

“The evaluation must also include a review of a representative sample of both **active and closed** clinical records of RHC patients. The sample must also include at **least 5 percent of the RHC’s current patients or 50 records, whichever is less**. The purpose of the review is to determine whether utilization of the RHC’s services was appropriate, i.e., whether practitioners adhere to accepted standards of practice and adhere to the RHC’s guidelines for medical management when diagnosing or treating patients. The review also must evaluate whether all personnel providing direct patient care adhere to the RHC’s patient care policies. The evaluation of practitioners must be conducted by an MD or DO; if there is only one MD or DO practicing in the RHC...

Source: <https://www.cms.gov/files/document/appendix-g-state-operations-manual> Page 87.



## NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS



<input type="checkbox"/>	Review and sign and date the Policy and Procedure Manual and Annual Evaluation
<input type="checkbox"/>	Sign and Review Collaborative agreement with NP/PA
<input type="checkbox"/>	Review and sign the Emergency Preparedness Manual, participate in drills.
<input type="checkbox"/>	Keep a schedule of Nurse practitioners for review by the surveyors (50% rule)
<input type="checkbox"/>	Determine which Emergency drugs will be in the Emergency Kit.

# Nurse Practitioner & Physician Assistant Duties



# Protocols – UpToDate is the Gold Standard

The screenshot shows the UpToDate website homepage. At the top, the Wolters Kluwer logo is on the left, and 'Log in', 'English', and a search bar are on the right. Below the header is a navigation bar with links for 'Why UpToDate?', 'Product', 'Editorial', and 'Subscription Options'. On the right side of this bar are 'Subscribe' and 'UpToDate®' buttons. The main content area features a large image of a woman with a text overlay: 'Access the latest evidence-based information on COVID-19 now!'. Below this is a white box with the text: 'UpToDate is the only clinical decision support resource associated with improved outcomes. More than 80 research studies demonstrate its impact on improved patient care and hospital performance.' Below the main content are four icons: 'Medical Professionals', 'Hospitals & Institutions', 'UpToDate Mobile', and 'Chat with our Virtual Assistant'. At the bottom, there are four promotional boxes: 'Start my risk-free subscription!', 'UpToDate® awarded KLAS Category Leader', 'What's NEW COVID-19 Topics', and 'UpToDate® for Businesses'.

<https://www.uptodate.com/home>

Ask your Drug Rep – they may be able to get you a free subscription

# Nurse Practitioner Protocol

**Name of Nurse Practitioner** will work with the **Name of Collaborating Physician** in an active practice to deliver health care services to patients of **Name of Clinic**. This includes, but is not limited to, Nurse Practitioner patient assessment and diagnosis, ordering diagnostic and therapeutic tests and procedures, performing those tests and procedures when using health care equipment, interpreting and using the results of diagnostic and therapeutic tests and procedures ordered by the Nurse Practitioner or another health care professional, ordering treatments, ordering or applying appropriate medical devices, using nursing, medical, therapeutic and corrective measures to treat illness and improve health status, providing palliative and end-of-life care, providing advanced counseling, patient education, health education and patient advocacy, prescriptive authority, and delegating nursing activities or tasks to a LPN, RN, MA or other personnel.

The written collaborative agreement shall be reviewed and updated annually. A copy of the written collaborative agreement shall remain on file at all sites where the Nurse Practitioner renders service. Any joint orders or guidelines are set forth or referenced in the following published protocols:

Third Edition, Clinical Guidelines in Child Health or  
<https://www.uptodate.com/home>

The Nurse Practitioner shall consult with the collaborating physician by telecommunication or in person as needed. In the absence of the designated collaborating physician/podiatrist, another physician/podiatrist shall be available for consultation.

_____ Collaborating Physician	_____ Advanced Practice Nurse
Signature/Date	Signature/Date
_____	_____



## NURSING AND MEDICAL ASSISTANTS

<input type="checkbox"/>	See Nursing Checklists for Monthly duties
<input type="checkbox"/>	Clean up areas. Remove clutter. Remove anything with an expired expiration date.
<input type="checkbox"/>	Undergo OSHA Training, Airborne pathogens, Emergency Preparedness.
<input type="checkbox"/>	Perform six required lab tests and document controls.
<input type="checkbox"/>	Remove any hazards from patient rooms. See walk through summary sheet.

Nursing and Medical Assistants



## OFFICE MANAGER AND ADMINISTRATION

<input type="checkbox"/>	Prepare Evidence Binder for State Inspection
<input type="checkbox"/>	Work with HBS to get RHC, OSHA, Lab, HIPAA, and EP Policy and Procedure Manuals
<input type="checkbox"/>	Arrange for Emergency Preparedness to be completed (work with HBS)
<input type="checkbox"/>	Arrange for preventive maintenance of patient equipment
<input type="checkbox"/>	Credential providers and all licensed personnel, update CPR, BLS, etc.

Office Manager & Administration

# Things to Post in the Lobby

---



## What to Post in the Lobby

1. Hours of Operation on the Front Door
2. Statement of Non-Discrimination
3. Patient Rights and Number were to file a complaint
4. Disclosure of Ownership, Medical Direction, and Principal Direction and Operation
5. Interpreter Services (15 languages)

<http://www.ruralhealthclinic.com/certification-materials>

October 16, 2020: RHCs should have their ownership, medical direction, and principal direction information posted in the lobby. [Here](#) is a template for you to use if you do not already have one.

October 6, 2020: RHCs should have their anti-discrimination policy posted in the lobby. [Here](#) is a template for you to use if you do not already have one.

HBS has prepared an Emergency Preparedness Multi-year Checklist for EP Compliance which can be found [here](#).

HBS updated our COVID-19 Infection Control Policy and Procedure for the RHC Policy and Procedure Manual which can be found [here](#).



# RHCs are required to disclose ownership, medical direction & Principal Direction and Operation in the Lobby

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**Dunder Mifflin Medical Associates**

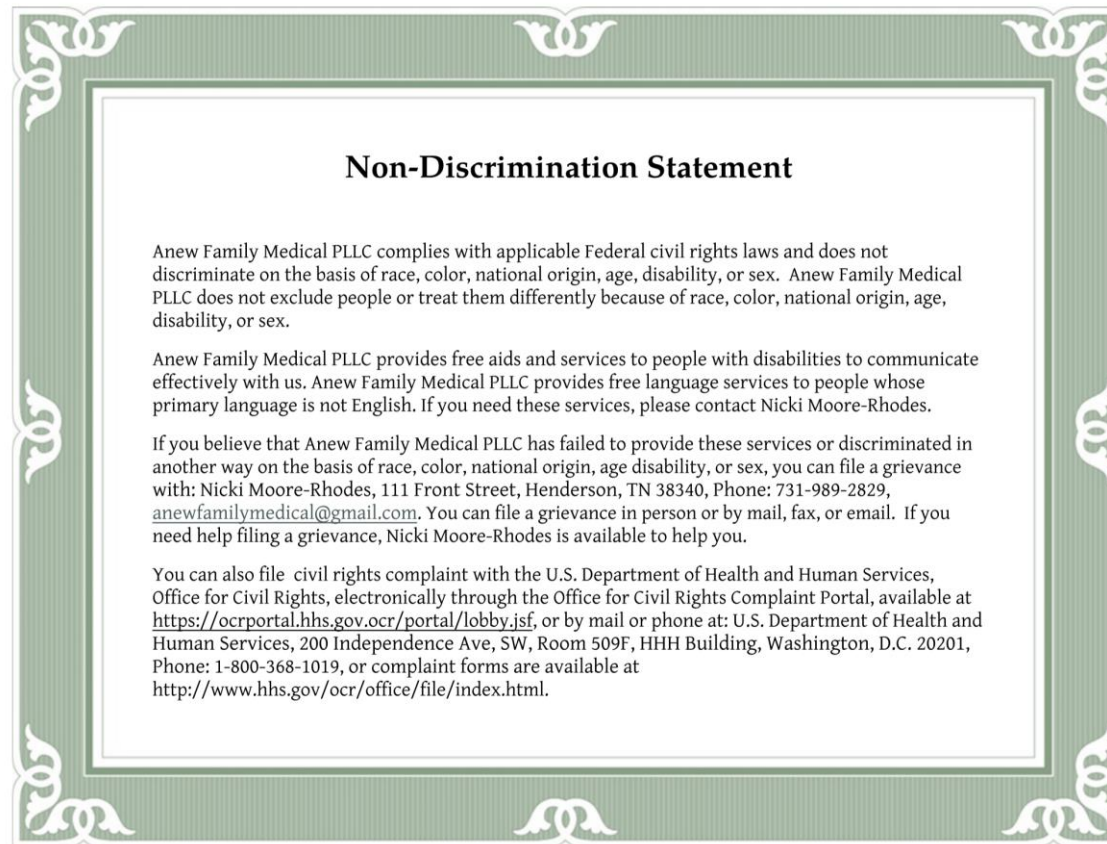
**Ownership**  
Dunder Mifflin Medical Associates  
100 Main Street  
Scranton, Pennsylvania

**Medical Direction**  
Marcus Welby, MD

**Principal Direction and Operation**  
Michael Scott

[Here](#) is a template for you to use if you do not already have one.

# Non-Discrimination Statement Posted in the Lobby



[Here](#) is a template for you to use if you do not already have one.

## Initial and Biennial RHC & EP Training Quiz

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Who is the Medical Director of the clinic?  
\_\_\_\_\_
2. Where can you find the Emergency Preparedness Policy and Procedures?  
\_\_\_\_\_
3. If a patient checks in, but a provider has yet to arrive, what is the protocol?  
\_\_\_\_\_
4. Describe how a life-threatening medical emergency is handled.  
\_\_\_\_\_
5. How is a life-threatening medical emergency handled a provider is not yet onsite?  
\_\_\_\_\_
6. If you smelled smoke, what would you do?  
\_\_\_\_\_
7. Who decides when to evacuate the clinic?  
\_\_\_\_\_
8. Who is in charge in case of an emergency? What if that person is not here?  
\_\_\_\_\_
9. Where can you find a list of contact information for all clinic staff?  
\_\_\_\_\_
10. Do we have a list of contacts for all local, state, and federal EMA contacts? Where is it located?  
\_\_\_\_\_
11. Where are the clinic evacuation maps located?  
\_\_\_\_\_
12. Describe how multi-dose vials and single-dose vials are to be stored, labeled, and administered?  
\_\_\_\_\_
13. Where are the sample medication logs located?  
\_\_\_\_\_
14. Who is responsible for destroying expired sample medications?  
\_\_\_\_\_
15. How are expired sample medications disposed of?  
\_\_\_\_\_
16. Do you know where the clinic's organizational chart is located?  
\_\_\_\_\_
17. Who is your direct supervisor?  
\_\_\_\_\_
18. Do you know the clinic's delegations of authority? Who do you report to if your supervisor or the Office Manager is absent?  
\_\_\_\_\_
19. Who is the first person you should report emergency events to?  
\_\_\_\_\_
20. What is the clinic's handwashing policy?  
\_\_\_\_\_

# Conduct a Mock Inspection



# What is your Mindset

- Think about child proofing your home when you have small children.
- Think about the safety of patients and Employees.
- Think about privacy and HIPAA.



# Mock Inspection

Date of review:

Reviewed by:

## Exam Rooms and Procedure Rooms

1. room logs being utilized?
2. expired meds/supplies?
3. plug protectors?
4. closed trash containers?
5. holes or spots in walls that need repair?
6. locks on cabinets as necessary?
7. anything under sinks?
8. vials ointments and solutions dated appropriately?
9. any single use items opened and not discarded?
10. cleaning products secured?
11. drawers and cabinets neatly organized?
12. sharps containers mounted and dated appropriately?
13. splash guards present?

## Patient Bathrooms

14. emergency notice in bathroom? System tested?
16. any chemicals or air freshener cans in bathrooms?
17. restroom labeled correctly?
18. holes or spots in walls that need repair?
19. plug protectors?

## lab area

20. controls being done and logged as appropriate?
21. Is equipment clean?
22. splash guards present?
23. clean and dirty clearly defined?
24. nothing dirty in the clean area
25. holes or spots in walls that need repair?
26. UA testing capability?
27. Pregnancy testing capability?
28. Hemocult testing capability?
29. Hemoglobin OR hematocrit capability?
30. Primary culturing capability? (flu swab, strep screen)

## Medication/nurse area

31. signage on fridge - do not unplug, meds only..etc.
32. power outage procedure on door of inms
33. anything stored in doors of fridges?
34. schedule II drugs are double locked and logged separately?
35. allergy meds monitored separately for expiration?
36. oxygen tanks secured
37. oxygen tanks labeled in use and empty? Cannula ready?
38. emergency drug box easily accessible?
39. sample meds logged?
40. eye wash station checked and logged?
41. spill kit?
42. any safety concerns?
43. any auto clave process concerns?

## waiting room and hallways

44. holes or spots in walls that need repair?
45. plug protectors?
46. clean?
47. Any safety concerns?
48. lock on cleaning supply closet
49. exit signs can be clearly seen and lights functioning?
50. Secondary doors are locked?
51. fire extinguishers are being checked monthly?
52. hallways are clean and unobstructed?

## Check in area

53. HIPAA review/PHI
54. area neat and organized?

## Signage and parking lot

55. hours of operation posted are correct?
- signage review  
any safety concerns?

## Miscellaneous

- APP hours meeting the 50% rule



# Patient Exam Rooms

## Compliance Item Reviewed

Plug protectors were present in outlets.

Sharps are secured throughout clinic – should be attached to the wall and high enough so children cannot reach.

Treatment trays are free of dust and debris.

Nothing under the exam room sinks.

Closed trash containers are utilized in patient care areas and biohazard stickers are placed on hazardous waste baskets.

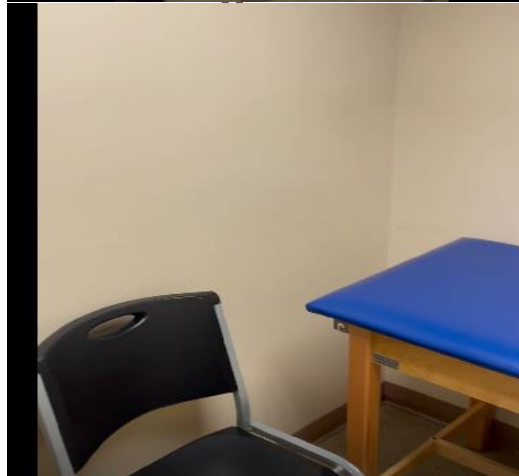
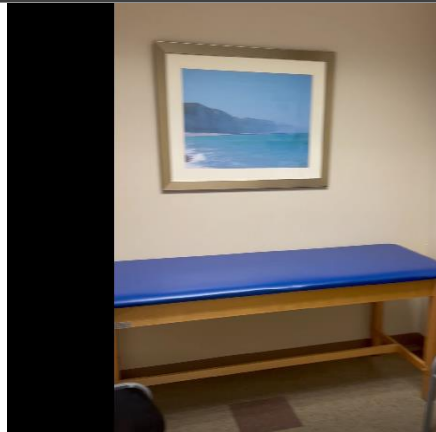
Clinic has written cleaning policies and procedures for patient rooms.

Equipment is cleaned and disinfected prior to each patient's use.

No equipment is located/stored on the floor.

Clinic has documented universal precautions and training on hand washing (sinks, alcohol-based gels, signs, etc) and the utilization of gloves.

Clinic has an OSHA Spill Kit and Eye Wash faucet.



# Drugs and Biologicals

---

All medications are stored in locked cabinets, cupboards, and/or drawers. No patient access.

---

Medications are locked up at the end of each day.

---

Medications, biological, and sterile supplies are inventoried monthly for expiration date.

---

Multi-injectable vials, ointments, and solutions are dated when opened and discarded in accordance with hospital or clinic policy.

---

Expired medications, biologicals, and supplies are discarded in accordance with hospital or clinic policy.

---

Refrigerator and freezer temperatures are recorded daily; and twice daily if storing vaccines. (VFC)

---

The clinic does not store medications in the door of the refrigerator or freezer.

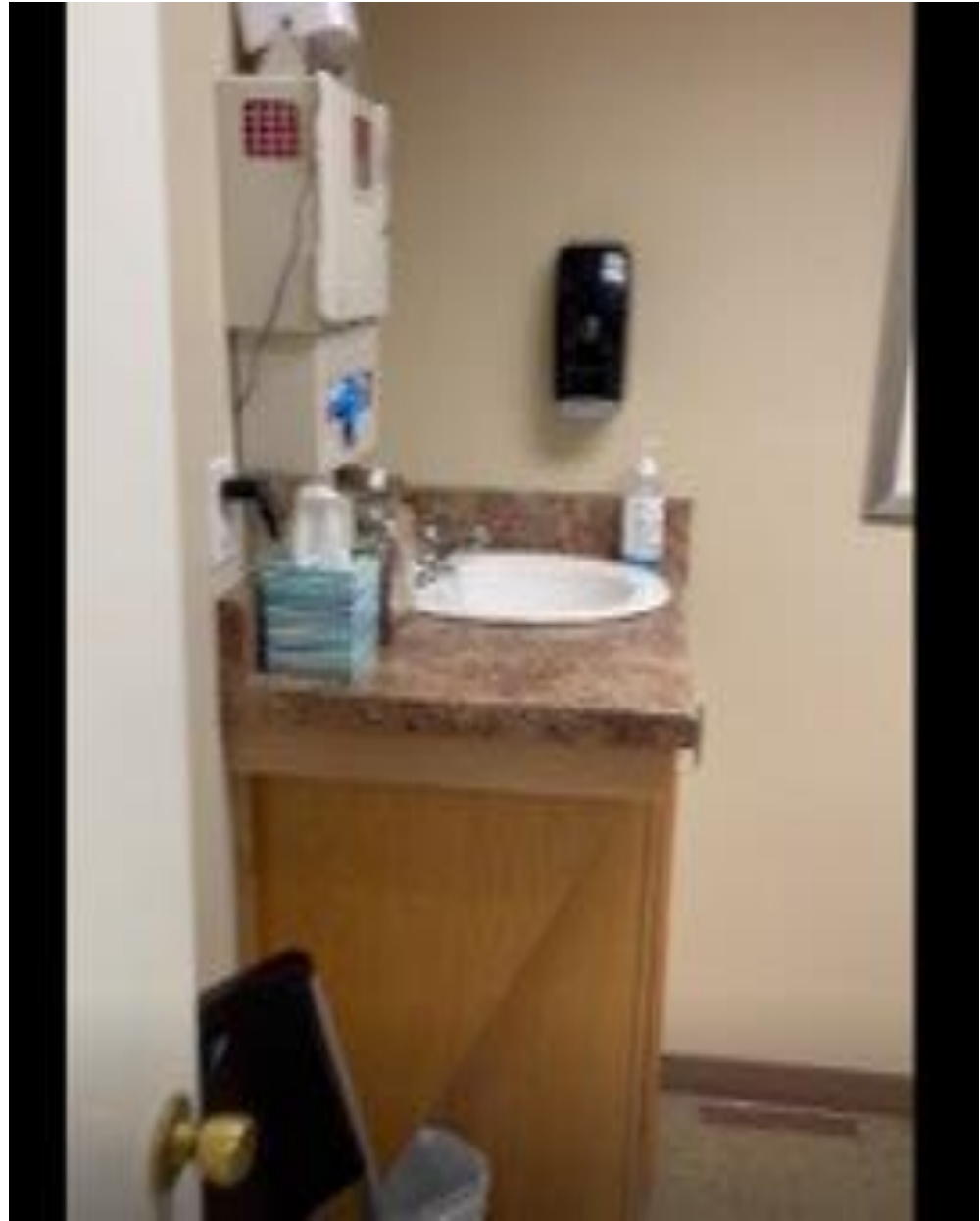
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Sample medications are logged out when dispensed to include: Date, Patient Name, Medication, Lot #, Expiration Date, Amt. Dispensed, and NDC #.

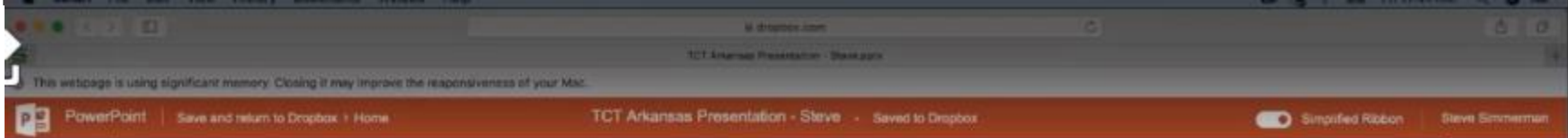
---

Controlled substances are inventoried on a weekly basis and stored dispensed in accordance with State Pharmacy regulations.

1. Patient Sink.  
Nothing under the sink except paper products.
2. Hand washing.
3. Sharps to be mounted.



# Check for Expired Medications



## Medications: Samples



Use the sticker method!



Samples  
Secured/Organized In  
Original Containers

# Do you think these people had a problem?

## Supplies

---


- Telfa, gloves, peroxide, electrodes, needles
- Iodoform gauze, etc.
- Check anything with a date!



# The RHC Inspection



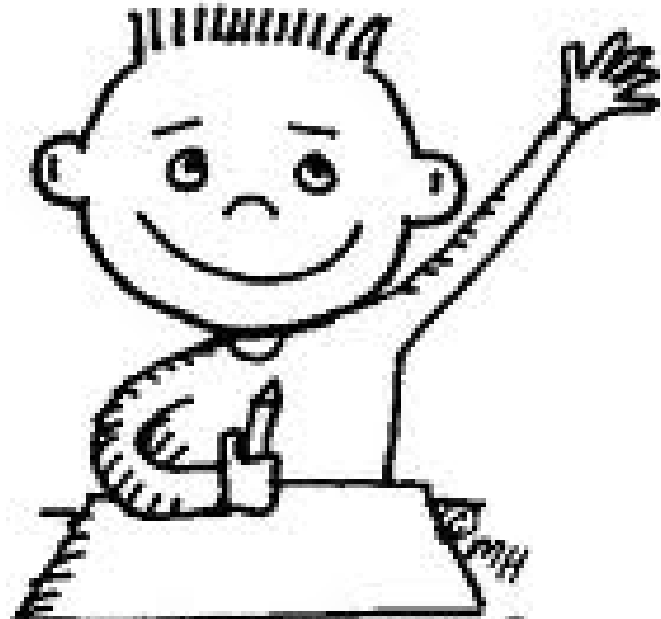




5. When the RHC Inspector arrives you should?

---

- A. Send them away if you are not entirely ready.**
- B. Try to keep them in the waiting room as long as possible.**
- C. Find them a private place to work as soon as possible.**



**QUESTIONS**



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**The Surveyor is the key to the inspection.**



**The Receptionist will often determine  
Which Surveyor you get. Train Them!**



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## Have a plan for when the Inspector comes to your clinic

1. Provide the receptionist with instructions
2. Do not keep them waiting in the lobby
3. Give them a desk to work at that is quiet and away from activity.
4. Give them the P and P manual and RHC Evidence Binder.
5. Inform the staff that the inspection is underway.
6. Call your Consultant.

**EMERGENCY CONTACT NUMBERS**

**911** IN CASE OF AN EMERGENCY CALL 911

**★** POLICE DEPARTMENT \_\_\_\_\_

**P** POLICE CONTROL \_\_\_\_\_

**H** HOSPITAL \_\_\_\_\_

**1** CUSTOM CONTACT \_\_\_\_\_

**2** CUSTOM CONTACT \_\_\_\_\_

**Call Your Consultant**



6. Will the RHC inspector observe a patient visit?

---

**A. Yes, under recent Interpretative Guidelines the inspector should do this.**

**B. No, HIPAA Privacy Regulations will not allow this.**





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## **Handwashing Video**

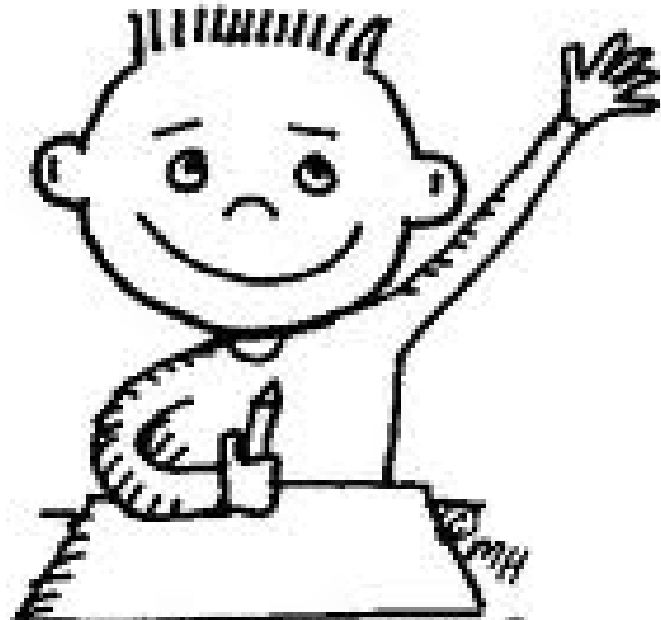


<https://www.youtube.com/watch?v=SyRtMI4a1FE>

7. When the surveyor asks a question you do not know the answer to?

---

- A. Pretend you don't hear them
- B. Make something up
- C. Say "Let me refer to the Policy and Procedure manual and get right back with you"
- D. Say "I don't know and I don't care"



QUESTIONS



## Surveyor/Staff Interaction Tips

- Staff should be familiar with routine policies/procedures and be able to describe the “how” and “why” of a process
- If unable to answer completely, it is acceptable to say “I would consult policy”
- When a surveyor is observing, staff should just do what they normally do

# HBS

Healthcare Business Specialists

## Place Hints Throughout The Clinic

**\*\*LIDOCAINE AND XYLOCAINE are single use vials and should be discarded after each use.\*\***



### STANDARD PRECAUTIONS

It is essential that every person in a healthcare setting who is involved in patient care or in the management of a patient's care should be educated on the standard precautions and apply the following infection control practices.

**Hand Hygiene**  
Wash your hands frequently and thoroughly with soap and water for at least 20 seconds. Use hand sanitizer if soap and water are not available. Use gloves and change gloves frequently. Use gloves and change gloves frequently. Use gloves and change gloves frequently.

**Respiratory Hygiene/Cough Etiquette**  
Cover your mouth and nose with a tissue when you cough or sneeze. Use the elbow or sleeve of your gown if you do not have a tissue. Dispose of tissues immediately. Avoid touching your eyes, nose, or mouth. Wear a mask if you have a respiratory illness. Avoid close contact with people who have a respiratory illness.

**Personal Protective Equipment (PPE)**  
Wear PPE when the nature of the situation indicates that you are at risk for exposure to blood, body fluids, or other potentially infectious materials. Use PPE when you are in contact with or near a patient who has a wound, rash, or other skin condition. Use PPE when you are in contact with or near a patient who has a fever or other signs of infection. Use PPE when you are in contact with or near a patient who has a cough or other respiratory symptoms. Use PPE when you are in contact with or near a patient who has a fever or other signs of infection. Use PPE when you are in contact with or near a patient who has a cough or other respiratory symptoms.

**Gloves**  
Wear gloves when you have direct contact with a patient's blood, body fluids, or other potentially infectious materials. Wear gloves when you have direct contact with a patient's skin, hair, or mucous membranes. Wear gloves when you have direct contact with a patient's wound, rash, or other skin condition. Wear gloves when you have direct contact with a patient who has a fever or other signs of infection. Wear gloves when you have direct contact with a patient who has a cough or other respiratory symptoms.

**Gowns**  
Wear a gown when you have direct contact with a patient's blood, body fluids, or other potentially infectious materials. Wear a gown when you have direct contact with a patient's skin, hair, or mucous membranes. Wear a gown when you have direct contact with a patient's wound, rash, or other skin condition. Wear a gown when you have direct contact with a patient who has a fever or other signs of infection. Wear a gown when you have direct contact with a patient who has a cough or other respiratory symptoms.

**Head-to-Toe Apron**  
Wear a head-to-toe apron when you have direct contact with a patient's blood, body fluids, or other potentially infectious materials. Wear a head-to-toe apron when you have direct contact with a patient's skin, hair, or mucous membranes. Wear a head-to-toe apron when you have direct contact with a patient's wound, rash, or other skin condition. Wear a head-to-toe apron when you have direct contact with a patient who has a fever or other signs of infection. Wear a head-to-toe apron when you have direct contact with a patient who has a cough or other respiratory symptoms.

**\*\*\*REMEMBER\*\*\***  
**Multidose Vials**  
**MUST BE LABELED WITH A 28 DAY EXPIRATION DATE ONCE PUNCTURED.**  
**NOT the initial date vial is punctured.**  
Vials should be discarded after the beyond use date of 28 days.  
Thank you!  
-JCMH Pharmacy

# Why have vials become such a problem?

- Possibly a staff member does not know the difference between a single dose or multi-dose vial.
- Possibly a certain drug always comes to you as an MDV but your supplier sent a shipment where the drug was an SDV.
- Possibly we store MDVs and SDVs together making it easy to confuse.

## What to do:

- Train all staff to always look at the vial to verify if it's an SDV or MDV and to check the date.
- Train staff that SDVs do not have a preservative in the vial and why that's important.
- In the drug closet, separate the MDVs from the SDVs
- Label all SDVs with a sticker



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## **Multi Dose Vials**

Do Not Assume All Staff Know the Difference Between SDVs and MDVs.



## **Single Dose Vials**

Ensure Single-Dose Vials (SDVs) Are Never Used for More Than One Patient

*The Compliance Team*

# Number 1 TCT Finding

# Do you think these people had a problem?

## Supplies

---

- Telfa, gloves, peroxide, electrodes, needles
- Iodoform gauze, etc.
- Check anything with a date!



# Results from a Recent State Survey

## State RHC Survey Findings

1. **JTag J124: Nurse Practitioner Protocols to be reviewed, updated and approved annually**
2. **JTag J136: No anticonvulsant in the Emergency kit**
3. **Jtag J136: Not monitoring the emergency medications and supplies monthly**
4. **Jtag J136: Three MAs did not have current CPR Certification or documentation of Certification on file.**
5. **JTag J152: Consent to Treat Forms were not found in 9 of 20 Medical Records Reviewed**



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*Experienced Knowledge*

# Three Clinics RHC Recent Deficiencies

Deficiency	J-Tag	1	2	3
EP – Risk Assessment & Update EP P & P Manual	E 004	X	X	X
Maintenance – Failure to maintain Automated External Defibrillator (AED) Inspection log	J 042	X	X	X
Provision of Services – Charting of Injection Sites in Medical Records	J 125		X	X
Provision of Services – Patient Health Records Consent to Treat	J 151		X	X
Staffing and Staff Responsivities – Hand Washing	J 023			X
Provision of services – Expired Drugs	J 0125			X



## Call the Fire Department for an Inspection

Tennessee Inspection cited us for having the wrong Fire Department inspect the clinic.

Also cited us for not calibrating the EKG machine even when the Manufacturer's guides say it does not need to be calibrated annually.

drugs and Biologicals are appropriately stored. No expired drugs, No unlabeled opened drugs.

The Clinical Supervisor will ensure all supplies and medications are checked for expiration day by the last day of the month.

The Nurse Practitioner will spot check quarterly for expiration date and 28 day rule.

The Nurse Practitioner will spot check quarterly for expiration date and 28 day rule.

The Nurse Practitioner will spot check quarterly for expiration date and 28 day rule.

The Nurse Practitioner will spot check quarterly for expiration date and 28 day rule.

The Office Manager will annually review the results of the searches for expired drugs and expiration dates.

The Professional Advisory Group will annually review the results of the searches for expired drugs and expiration dates.

grade disinfectant is used to wipe down patient rooms, training of nursing personnel in proper use will take place.

Monthly spot check of proper disinfectant procedures in patient rooms and regarding the disinfecting of rubber septum.

Quarterly spot check of proper disinfectant procedures in patient rooms and regarding the disinfecting of rubber septum.

Quarterly spot check of proper disinfectant procedures in patient rooms and regarding the disinfecting of rubber septum.

Quarterly spot check of proper disinfectant procedures in patient rooms and regarding the disinfecting of rubber septum.

Quarterly spot check of proper disinfectant procedures in patient rooms and regarding the disinfecting of rubber septum.

ner Protocols are reviewed, updated, and approved annually.

The Medical Director will review the Nurse Practitioner Protocols by August 31st each year.

The Office Manager or Special Projects Manager will be responsible for ensuring that the protocols are reviewed annually

n anticonvulsant available as a first response to a medical emergency. The clinic is monitoring emergency supplies monthly.

The nursing personnel will inventory emergency medications and supplies monthly for expiration dates

The Nurse Manager will spot check the emergency kit quarterly for out of date medications and supplies

The Nurse Manager will spot check the emergency kit quarterly for out of date medications and supplies

The Nurse Manager will spot check the emergency kit quarterly for out of date medications and supplies

The Nurse Manager will spot check the emergency kit quarterly for out of date medications and supplies

The Office Manager and Medical Director will review the spot check form annually during the Program Evaluation

es that there is documentation of instructions or education given to patients/caregivers at discharge

The Nurse Manager will conduct an audit of 25% of all patient visits every day for 1 week.

The Nurse Manager will conduct an audit of 10% of all patient visits every day for 1 week following the previous week

Determine monthly if Clinic is in compliance with goals for documentation of discharge orders

The Professional Advisory Group will annually review the status of documentation of discharge orders

Email  
Follow up  
for  
Deficiencies

## Clinic To-do List to Prepare for Inspection

1. Choose Forms to document compliance.
2. Assign tasks to clinic personnel including chart review.
3. Clean up and discard anything out of date.
4. Complete the Evidence Binder and make a copy for the inspector.
5. Train your employees.
6. Conduct a Mock Inspection.



**H B S**

Healthcare Business Specialists



Questions/Comments/Thank you

